

RD#: CR 1051475	OFFENSE: <u>Forgery</u> DATE OF OFFENSE: <u>10/02/09</u>	SUBMITTING/CONTACT DET.: Detective Shawn Kennedy #21270
#1 Victim	Name: [REDACTED] IR/SID/FBI #'S: IR # [REDACTED]	DET'S WORK HOURS: Monday-Friday 0900-1700 hours
#2 Suspect	Sgt. Jose L. Lopez No Record	PAGER/CELL PHONE NUMBER: 312-351-0441
#3 Suspect	PO Darryl Hardy No Record	BELL & PAX NUMBER: Bell 312-746-4170 Pax 4057
#4 Suspect	PO Pablo Mariano No Record	AREA/UNIT: Bureau of Internal Affairs/121
#5 Suspect	Det. Anthony M. Amato No Record	EVIDENCE COORDINATOR (EC): <i>[Signature]</i>
#6 Suspect	PO Victor Rivera No Record	EC REVIEW DATE: <u>31 Nov 2013</u>

INSTRUCTIONS: *PLEASE LIST ALL INVENTORIES ASSOCIATED WITH THE ABOVE RD# SEPARATELY***
ATTACH ORIGINAL CASE REPORT
SUBMIT FORM TO AREA EVIDENCE COORDINATOR FOR REVIEW

INVENTORY	ITEM DESCRIPTION	SPECIFIC REQUEST FOR ANALYSIS <small>Indicate to Which Section(s) Each Item Should Go</small>	PRIORITY <u>*EC-ONLY*</u>	BOX TYPE <u>*FSS-ONLY*</u>
13035975	20 Original Consent to Search Forms (Sgt. Jose Lopez)	D	<u>1</u>	
13035992	Handwriting Samples (Sgt. Jose Lopez)	D	<u>1</u>	
13036007	20 Original Consent to Search Forms (PO Darryl Hardy)	D	<u>1</u>	
<u>12</u> 13036012	Handwriting Samples (PO Darryl Hardy)	<u>K2-21-35</u> D	<u>1</u>	<u>FBX</u>
13036019	20 Original Consent to Search Forms (PO Pablo Mariano)	D	<u>1</u>	
13036021	Handwriting Samples (PO Pablo Mariano)	D	<u>1</u>	
13036029	20 Original Consent to Search Forms (Det. Anthony Amato)	D	<u>1</u>	
13036039	Handwriting Samples (Det. Anthony Amato)	D	<u>1</u>	
13036043	20 Original Consent to Search Forms (PO Victor Rivera)	D	<u>1</u>	

PLEASE INCLUDE PERTINENT CASE INFO AND LIST ANY ASSOCIATED RD#S IN WHICH COMPARISONS ARE NEEDED:

The inventories listed on this page and the attached page are the handwriting samples requested by the Illinois State Police (Lyndel Morris) for handwriting analysis by the Springfield Forensic Science Laboratory. History: The suspect [REDACTED], who is listed in the original case under RD number [REDACTED] was shown not to be associated with the signature in question, from the original Consent to Search form (which is still in the possession of ISP). This was the finding of an independent expert, as well as the ISP under lab case number [REDACTED]. Through a Grand Jury subpoena, writing samples have been obtained from the five involved sworn CPD members for examination and comparison.

*IF MORE SPACE IS NEEDED PLEASE USE AND ATTACH AN ADDITIONAL FORM

Attachment# 78

ISP 6-634 (06/05)

Page 1 of 78

CR 1051475

TODAY'S DATE 30 Oct 2013

PAGE 2 OF 2

PROPERTY INVENTORY - NO.
CHICAGO POLICE DEPARTMENT
CPD-34.523 (REV. 10/09)

INV NO

PKG NO.

UNIT 121

DATE RECOVERED
05-AUG-2013

DESCRIPTION OF PROPERTY

RE-INVENTORY OF:

OTHER: PACKAGE CONTAINING HANDWRITING SAMPLES FROM PERSONNEL JACKET OF PO DARRYL HARDY #16834

ITEM ID QUANTITY

6570771 1

COMMENTS: Documents for Hand Writing Analysis by the Illinois State Police - Lab Number: S11-8230

EVIDENCE & RECOVERED PROPERTY SECTION USE ONLY

\$ DEPOSITED AMT

\$ INVENTORY AMT

CURRENCY:

Court Date
Court Branch

ILUCR:
STATE CHARGES:

RECOVERED/SEIZED FROM - NAME

☐ DECEASED ☐ ARRESTED

OWNER'S NAME

Star: 16834

ADDRESS

TELEPHONE NO.

JUDGE

CT BR.

ADDRESS

TELEPHONE NO.

OFFICER'S SIGNATURE - STAR UNIT

FOUND BY - NAME
☒ CHECK IF C.P.D.

KENNEDY, SHAWN Star: 21270

SEE COPY 4 FOR NOTICE TO FINDER

☒ HOLD FOR INVESTIGATION

AND/OR EVIDENCE (IF NOT NEEDED FOR INVESTIGATION/EVIDENCE, LEAVE BLANK)

INVESTIGATING OFFICER - KENNEDY, SHAWN

STAR NO. 21270

UNIT 121

1st OFFICER'S NAME KENNEDY, SHAWN

STAR NO. 21270

E & R.P.S USE ONLY

☐ PROPERTY AVAILABLE FOR RETURN TO OWNER

SIGNATURE Electronic Approval

UNIT 121

☐ TO BE DISPOSED OF BY CUSTODIAN (NOT TO BE RETURNED)
(THIS APPLIES IF PROPERTY IS NOT EVIDENCE, NOT RETURNABLE AND/OR OWNER IS UNKNOWN)

2nd OFFICER'S NAME

STAR NO.

INITIAL DESTINATION OF PROPERTY:
FORENSIC SERVICES SECTION

SIGNATURE Electronic Approval

UNIT

VIA ☐ POLICE MAIL ☒ RECOVERING UNIT PERSONNEL

E & RPS PICKUP EVID/LAB TECHNICIAN

APPROVING DESK SERGEANT BLAUL, CHRISTINE

STAR NO. 926

DATE 31-OCT-2013

TIME 14:07

Created by: PC0F140

COPY 1 - KEEP WITH PROPERTY

Printed by: PC0R036 31-OCT-2013 14:08

INVENTORY NO.

1051475

MY SIGNATURE HEREON ACKNOWLEDGES RECEIVING ALL PROPERTY DESCRIBED IN THIS INVENTORY

RECIPIENT'S SIGNATURE

ADDRESS - STREET

CITY STATE ZIP

DATE RECEIVED

OFFICER'S SIGNATURE - STAR - UNIT

WATCH COMMANDER'S APPROVAL SIGNATURE (EXEMPT RANK REQUIRED FOR FIREARMS)

COURT ORDER - DISPOSAL INSTRUCTIONS

CHARGE TYPE: INCHOATE:

BEAT OF RECOVERY 213

COPY

Officer Darryl L. Hardy
Star Number: 16834

CL# 1051475

Attachment# 78

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SWORN FIRST AMENDMENT JUDGEMENT AFFIDAVIT
CHICAGO POLICE DEPARTMENT/PERSONNEL DIVISION

TO: COMMANDER OF POLICE PERSONNEL

FROM: NAME: DARRYL HARDY

TITLE: Probationary Police Officer

SOCIAL SECURITY NO. [REDACTED]

SUBJECT: RECEIPT OF FIRST AMENDMENT JUDGEMENT

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY
OF THE UNITED STATES DISTRICT COURT FIRST AMENDMENT
JUDGEMENT.

SIGNATURE: Darryl Hardy

DATE: 8/29/05

K2-21m

CPD-62.130 (REV. 1/03)

1051475

Attachment # 38

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CHICAGO POLICE DEPARTMENT
PERSONNEL DIVISION
PERSONNEL INVESTIGATIONS SECTION

A F F I D A V I T

I, DARRYL L HARDY, as a candidate for the position of Probationary Police Officer with the Chicago Police Department, swear and affirm, under oath, that I have not engaged in any criminal conduct or been convicted of any violation, other than traffic tickets, in any state or jurisdiction in the United States.

I am voluntarily making this sworn statement, in order to induce the Chicago Police Department to process my application at this time. I understand that if my fingerprint checks are eventually returned indicating that I have been convicted of any violation or engaged in criminal conduct, this affidavit shall serve as my written resignation, regardless of whether or not the offenses complained of would have disqualified me as a candidate.

I understand that I do not have to make this sworn statement, and that my application will be fully considered, and my qualifications fully assessed, if I do not do so.

Darryl L Hardy 42-22
Candidate's Signature

[REDACTED]
Social Security Number

Subscribed and Sworn to
before me this 13th day
of AUGUST 2005.

[Signature]
Deputy Clerk of the Court

1051475

Attachment # 78

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These obligations and restrictions are set forth in detail in the Governmental Ethics Ordinance (Chapter 2-156 of the Municipal Code) and in the Personnel Rules of the City. This Notice is intended to describe some of the more common situations covered by the City's ethics rules; it is not a substitute for a review of Chapter 2-156 or of the Personnel Rules. For authoritative guidance on specific questions relating to the Ethics Ordinance, consultation with the Board is recommended. The Board will maintain the confidentiality requirements of the Ordinance. For assistance, call (312) 744-9660.

ACKNOWLEDGMENT BY EMPLOYEE

I hereby acknowledge:

1. that I received a copy of the foregoing "NOTICE TO CITY EMPLOYEES OF CITY ETHICS RULES "; and

2. that I understand that I can view and download the complete text of the City's Governmental Ethics Ordinance by accessing the website of the Board of Ethics at www.cityofchicago.org/Ethics/.

Signature: Darryl Hardy

Name: DARRYL HARDY

Date: 8/29/05

102-23
A

9-04
Revised for Amendments of June 23, 2004

RULES AND REGULATIONS AFFIDAVIT

Personnel Division
Chicago Police Department

TO: COMMANDER OF POLICE PERSONNEL

FROM: NAME: DARRYL HARDY

TITLE: DPS

SOCIAL SECURITY NO: [REDACTED]

SUBJECT: RECEIPT OF CHICAGO POLICE DEPARTMENT'S
RULES AND REGULATIONS

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY
OF THE CHICAGO POLICE DEPARTMENT'S RULES AND
REGULATIONS.

SIGNATURE: Darryl Hardy

DATE: 29 AUG 05

KL-24
x

CPD-62.109 (7/05)

CL# 1051475

Attachment# 78

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Richard M. Daley
Mayor

Department of Police • City of Chicago
3510 S. Michigan Avenue • Chicago, Illinois 60653

Philip J. Cline
Superintendent of Police

SPECIAL ATTENTION AND NOTIFICATION
TO ALL CANDIDATES FOR THE POSITION OF PROBATIONARY POLICE
OFFICER FOR THE CITY OF CHICAGO

After successful completion of a Police Officer's Examination, candidates must complete a Personal History Questionnaire and other forms answering all questions **ACCURATELY AND TRUTHFULLY**.

Candidates who qualify for further processing and possible employment are **required to provide all information necessary for a complete background investigation.**

In accordance with Municipal Code of Chicago 2-74-095, **ANY FALSIFICATION OR OMISSION OF INFORMATION** may subject a candidate to **DISQUALIFICATION** and/or **TERMINATION** for employment and a **FINE** of up to **\$500.00**.

Candidates for the position of Probationary Police Officer may be required to take a Polygraph Examination (**LIE DETECTOR TEST**).

If a candidate **REFUSES** to take or **FAILS** the Polygraph Examination the candidate will be **REMOVED** from the eligibility list.

CANDIDATES ARE REMINDED THAT DISQUALIFICATION OF AN APPLICANT AT ANY POINT IN THE SELECTION PROCESS WILL RESULT IN REMOVAL FROM FURTHER CONSIDERATION.

Signature: Darryl Hardy

Print Name: DARRYL HARDY

Attachment# 78



CHICAGO POLICE DEPARTMENT
PERSONNEL DIVISION
PERSONNEL INVESTIGATIONS SECTION

AFFIDAVIT

I, DARRYL HARDY, as a candidate for the position of Probationary Police Officer with the Chicago Police Department, swear and affirm, under oath, that I have not engaged in any criminal conduct or been convicted of any violation, other than traffic tickets, in any state or jurisdiction in the United States.

I am voluntarily making this sworn statement, in order to induce the Chicago Police Department to process my application at this time. I understand that if my fingerprint checks are eventually returned indicating that I have been convicted of any violation or engaged in criminal conduct, this affidavit shall serve as my written resignation, regardless of whether or not the offenses complained of would have disqualified me as a candidate.

I understand that I do not have to make this sworn statement, and that my application will be fully considered, and my qualifications fully assessed, if I do not do so.

Darryl Hardy K2-26
Candidates Signature

Subscribed and sworn to
before me this 30th day
of OCTOBER 2004.

Sgt John Fumo
Deputy Clerk of the Court

CL# 1051475

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I hereby certify that there are no willful misrepresentations, omissions or falsifications in this questionnaire, and all my answers are true and correct.

SIGNATURE (APPLICANT) <i>Darryl Hardy</i>	DATE (DAY - MONTH - YEAR) <i>02/11/04</i>
--	--

CONTINUE ON TO PAGE 11 AND 12 TO SIGN RELEASE.

THIS SECTION TO BE COMPLETED AT THE TIME OF YOUR PERSONAL INTERVIEW WITH
AN INVESTIGATOR FROM THE CHICAGO POLICE DEPARTMENT

I have reviewed this questionnaire on this date in the presence of the below listed witness and re-affirm my position that all of the information provided by me in this questionnaire remains true and correct or, where applicable, I have made the necessary corrections and changes.

PRINT NAME (APPLICANT) <i>DARRYL HARDY</i>	DATE (DAY - MONTH - YEAR) <i>3-2-05</i>
SIGNATURE (APPLICANT) <i>Darryl Hardy</i>	DATE (DAY - MONTH - YEAR) <i>3-2-05</i>
SIGNATURE (WITNESS) <i>A. Docherty</i>	STAR # <i>#20918</i>
	DATE (DAY - MONTH - YEAR) <i>4 Feb-05</i>

102-27

CL# 1051475

Attachment # *78*



City of Chicago
Employee Change of Address Form

Department CHICAGO POLICE

Bureau

PATROL

Name DARRYL L. HARDY

Position title P.P.O.

Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code [REDACTED]

New Address [REDACTED] Zip Code [REDACTED]

Effective Date 08 APR 06

New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

PERSONNEL SERVICES

APR 12 2006

CHICAGO POLICE DEPARTMENT

Signed

Darryl Hardy

Date

10 APR 06

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.

(see reverse side)

CL# 1051475

Attachment# 38

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PER-72 (Rev. 1/84)

CPD 0028061



City of Chicago
Employee Residency Affidavit

Department POLICE DEPARTMENT Bureau _____

Name DARRYL L HARDY

Position title Probationary Police Officer

Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

My address is: [REDACTED]

Chicago, Illinois

zip code [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand both the front and reverse sides of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed Darryl Hardy

Date 8/29/05 KL-29

CL# 1051475

Attachment# 38

Page 13 of 21

Complete and sign two copies.

First copy to department file.

Second copy to Department of Personnel.



City of Chicago
Employee Change of Address Form

05

Department CHICAGO POLICE Bureau PATROL
Name DARRYL L HARDY
Position title POLICE OFFICER
Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code [REDACTED]
New Address [REDACTED] Zip Code [REDACTED]
Effective Date 05 SEP 08 006 D's
New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed Darryl Hardy
Date 29 SEP 08 KL-30

CL# 1051475

Attachment# 78

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Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.

(see reverse side)

PER-172 (Rev. 1/84)

CPD 0028063



DEPARTMENT OF POLICE * CITY OF CHICAGO
3510 SOUTH MICHIGAN AVENUE * CHICAGO, ILLINOIS 60653

SWORN
ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT

TO: COMMANDER, PERSONNEL DIVISION

FROM: NAME: HARDY, DARRYL
RANK/TITLE: POLICE OFFICER
PC NUMBER: [REDACTED]
EMPLOYEE NUMBER: [REDACTED]

SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOG-IN IDENTIFIER." I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOG-IN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOG-IN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE: Darryl Hardy
DATE: 18 MAR 07

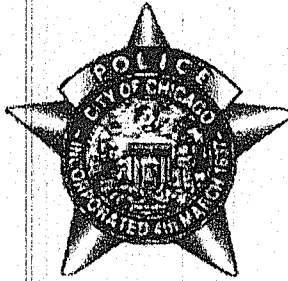
WITNESS' SIGNATURE: Z. Bloch
DATE: 18 MAR 07

CPD-62.111 (Rev. 1/07)

CL# 1051475

Attachment# 38

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DEPARTMENT OF POLICE * CITY OF CHICAGO
3510 SOUTH MICHIGAN AVENUE * CHICAGO, ILLINOIS 60653

SWORN
ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT

TO: COMMANDER, PERSONNEL DIVISION

FROM: NAME: DADDY HARDY

RANK/TITLE: 1. C.

PC NUMBER: [REDACTED]

EMPLOYEE NUMBER: [REDACTED]

SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOG-IN IDENTIFIER." I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOG-IN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOG-IN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE: Daddy Hardy

DATE: 26 MAR 07

WITNESS' SIGNATURE: Sgt. Ben #916

DATE: 26 MAR 07

CPD-62.111 (Rev. 1/07)

CL# 1051475

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STATE OF ILLINOIS
County Of Cook
CITY OF CHICAGO

Star No. 16834

I, DARRYL L HARDY having been appointed to the
Name (print)

office of POLICE OFFICER

do solemnly swear that I will support the Constitution of the United States, and the Constitution of the State of Illinois, and that I will faithfully discharge the duties of the office of such, according to the best of my ability.

Darryl Hardy
Signature

[REDACTED]
Address (print)

Witnessed by:

Cm. B. Woods

FEB 16TH 2006 K2-33
Date

CPD 62.153 (Rev.3/95)

CL# 1051475
Attac# 78
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PERSONAL HISTORY QUESTIONNAIRE
BACKGROUND INVESTIGATION
CHICAGO POLICE DEPARTMENT

1. POSITION APPLIED FOR: EXAM

☒ POLICE OFFICER

☐ OTHER (SPECIFY)

2. DATE OF BIRTH
(DAY-MONTH-YEAR)

3. NAME (LAST - FIRST- MIDDLE INITIAL)

HARDY DARRYL L

4. MAIDEN NAME (IF APPL.)

N/A

5. HOME PHONE NO.

7. PAGER PHONE NO.

() N/A

6. BUSINESS PHONE NO.

8. CELL PHONE NO.

9. HOME ADDRESS (STREET NUMBER & NAME - APARTMENT NUMBER - CITY & STATE - ZIP CODE - COUNTY)

10. SOCIAL SECURITY NO.

INSTRUCTIONS

PRINT OR TYPE ALL INFORMATION

IT IS IMPORTANT TO READ THESE INSTRUCTIONS CAREFULLY AND TO SIGN THE AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION CONTAINED ON THE LAST PAGE OF THIS QUESTIONNAIRE.

You must be complete and truthful in all your answers. All answers that you give in this application are subject to verification. Any failure to report completely or any untruthful answers will subject you to rejection as a candidate. **You are not required to disclose your HIV status in response to any question herein.**

In this questionnaire, a number of items ask for simple "yes" and "no" answers and do not require any explanation. However, if you wish to explain your answers, use the CONTINUATION SECTION on page 9 of this questionnaire. Before each answer or explanation, write the item number for reference.

Do not leave any question blank. If a question does not apply to you, write "NA" (Abbreviation for "Not Applicable"). Your answers must be legible. **Do not disclose any medical or psychological conditions in response to any question herein.**

DISCLAIMER

I understand that the processing of this Personal History Questionnaire is not a guarantee of employment or hire as a Probationary Police Officer or the position applied for. I further understand that consideration for employment is dependent upon my successful completion of all steps of the process for this position and upon the availability of a budgeted position for Probationary Police Officer or the position applied for.

I have read and understand all of the instructions pertaining to this Personal History Questionnaire and the content of the above disclaimer.

11. SIGNATURE (APPLICANT)

Darryl Hardy

12. DATE (DAY - MONTH - YEAR)

10/2/11/04

CPD-62.152 (REV. 3/02)

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CPD 0028067

- any and all records maintained by any criminal justice or corrections agency including incident reports, arrest records, traffic citations and criminal history information
- any information contained in investigatory files

I hereby release you, as the custodian of such records, your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization to release information or any attempt to comply with it. I direct you to release such information upon request of the duly authorized representative of the CPD regardless of any agreement I may have previously made to the contrary. For and in consideration of the CPD acceptance and processing of my employment application, I agree to hold the organization, its agents and employees harmless from any and all claims and liability associated with my employment application or in any way connected with the decision whether or not to employ me with the CPD, including any liability or damage pursuant to any state or federal laws.

I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access of and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the CPD in conjunction with employment procedures.

I also understand that by signing this release, I specifically waive any written notice to me of the disclosure of any disciplinary report, letter of reprimand, or other disciplinary action as required by the Illinois Personnel Record Review Act - 820 ILCS 40/7.

A photocopy/FAX copy of this release will be valid as an original thereof, even though said photocopy/FAX copy does not contain an original writing of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed below.

I further understand that I waive any right or opportunity to read or review any and all information provided in the background investigation report prepared by the CPD or its attachments and that all information and documents provided to the CPD become the property of the CPD and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents/employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or reason of complying, or any attempt to comply with this request.

By signing below, I certify that I have had adequate time to review this entire form and have read and clearly understand its purpose.

Signature: Danyel Hardy

Date: 02/11/04

Address: [REDACTED]

Phone: [REDACTED]

Date of Birth: [REDACTED]

Social Security No. [REDACTED]

Witness: [Signature]

Date: 02/11/04

CL# 1051475
K2-35a

CHICAGO POLICE DEPARTMENT
EVIDENCE

RD. NO. — DATE 05 Aug 2013

INVENTORY NO. [REDACTED] ME NO.

TYPE OF OFFENSE

CASE NAME CR 1051475

ADDRESS OF SCENE/SERVICE

District of Occurrence Beat No.

Detective(s) KENNY Area B. I. A.

Sgt. C. Blauvelt

CONTENTS

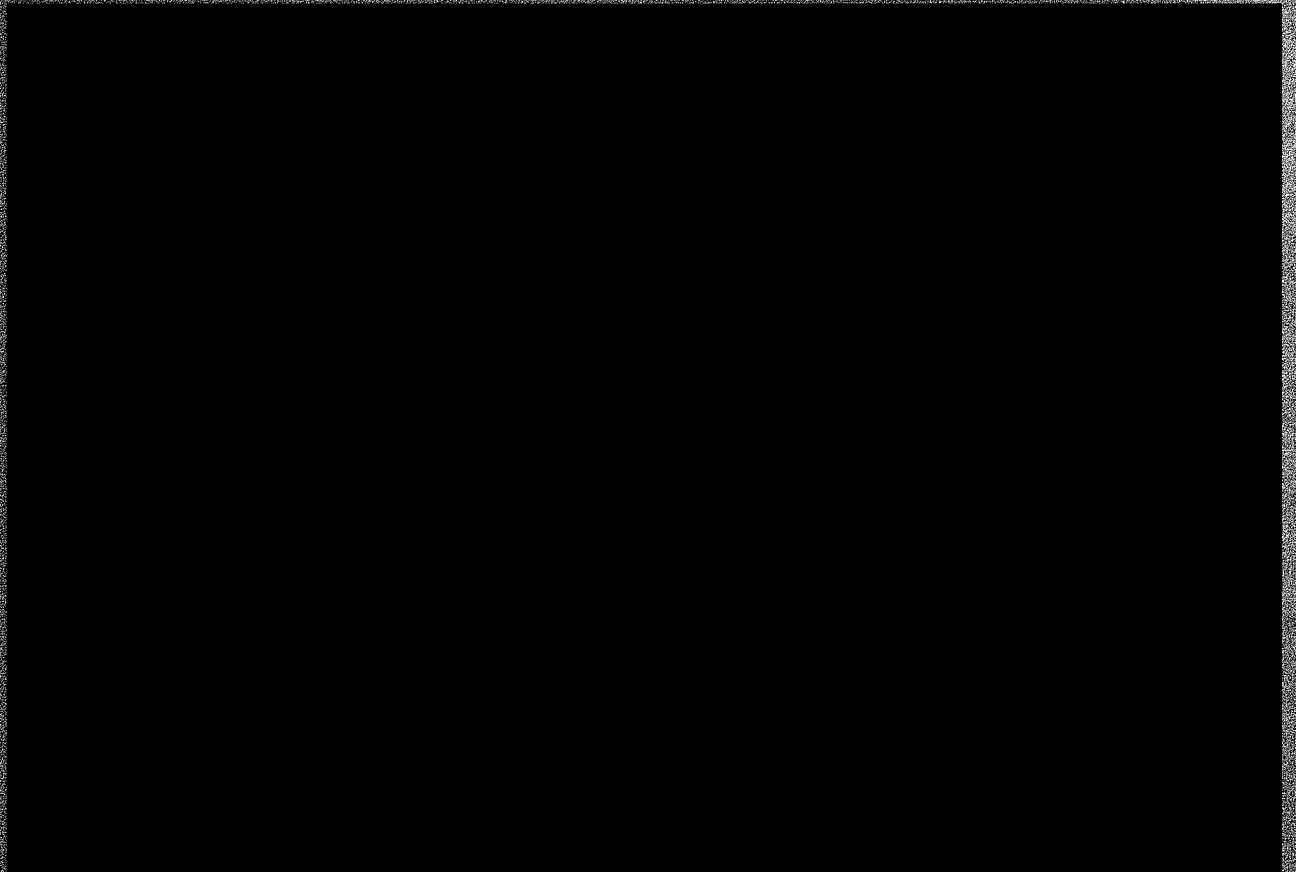
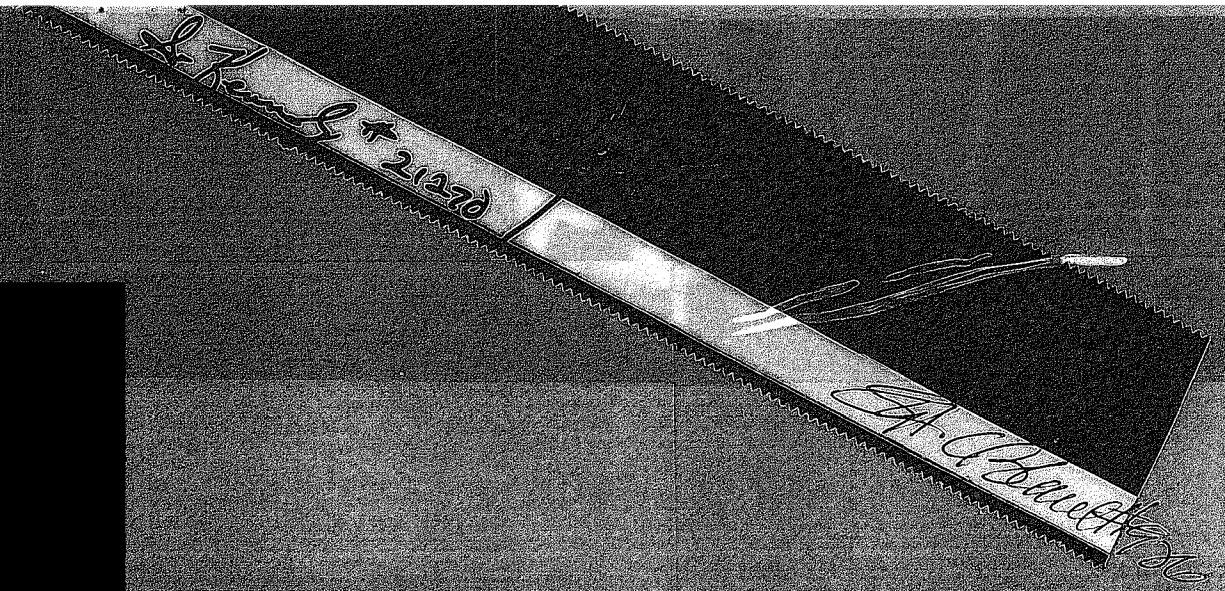
HANDWRITING SAMPLES

RECOVERED FROM PO DARRYL HARVEY

RECOVERED BY DET. SHAWN KENNY

CPD 33.310 - A (3/97)

CL# 1051475
Attachment 78
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Handwritten text at the bottom of the page, possibly a signature or date, including "F. J. Paul" and "21270".